

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

10

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 126

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	1339674.06
(b) Cash on Hand at Beginning of Reporting Period .....	1692151.43	
(c) Total Receipts (from Line 19) .....	187186.90	1187741.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1879338.33	2527415.37
7. Total Disbursements (from Line 31) .....	138546.11	786623.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1740792.22	1740792.22
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M  
0 9D D  
0 1Y Y Y Y  
2 0 0 9

To:

M M  
0 9D D  
3 0Y Y Y Y  
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	71105.23	482501.22
(ii) Unitemized .....	34182.59	218945.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	105287.82	701446.39
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	105287.82	701446.39
12. Transfers From Affiliated/Other Party Committees .....	81676.00	461786.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	22000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	223.08	2508.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	187186.90	1187741.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	187186.90	1187741.31

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	196.11	5231.46	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	196.11	5231.46	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	138000.00	780491.69	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	350.00	900.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	350.00	900.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	138546.11	786623.15	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	138546.11	786623.15	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	105287.82	701446.39
34. Total Contribution Refunds (from Line 28(d)) .....	350.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104937.82	700546.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	196.11	5231.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	196.11	5231.46

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 126

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

New York Hospital &amp; Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing  
federal political committee.**C**

C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Transaction ID: 17511195

Amount of Each Receipt this Period

25000.00

**B.**

Full Name (Last, First, Middle Initial)

Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing  
federal political committee.**C**

C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513250

Amount of Each Receipt this Period

11500.00

**C.**

Full Name (Last, First, Middle Initial)

Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City

Madison

State

WI

Zip Code

53725-9038

FEC ID number of contributing  
federal political committee.**C**

C00359455

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513469

Amount of Each Receipt this Period

2450.00

**SUBTOTAL** of Receipts This Page (optional) .....

38950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 126

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue  
Suite 900

City State Zip Code  
Phoenix AZ 85012

FEC ID number of contributing  
federal political committee.

**C** C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12726.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 0 9

Transaction ID: 17517250

Amount of Each Receipt this Period

12726.00

**B.**

Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

FEC ID number of contributing  
federal political committee.

**C** C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 0 9

Transaction ID: 17529136

Amount of Each Receipt this Period

30000.00

**SUBTOTAL** of Receipts This Page (optional) .....

42726.00

**TOTAL** This Period (last page this line number only) .....

81676.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Vernon L. Long

Mailing Address 3440 N.E. Kincaid

City

Topeka

State

KS

Zip Code

66617-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stormont-Vail HealthCare

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Transaction ID: 17511299

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kent E. Palmberg, , M.D.

Mailing Address 1216 SW Westside Drive

City

Topeka

State

KS

Zip Code

66615-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stormont-Vail HealthCare

Occupation

Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Transaction ID: 17511310

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Carol S. Perry, RN

Mailing Address PO Box 3822

City

Topeka

State

KS

Zip Code

66604-6822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stormont-Vail HealthCare

Occupation

VP and CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Transaction ID: 17511311

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randall Peterson

Mailing Address 2022 N. Red Oaks

City

Wichita

State

KS

Zip Code

67206-8909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Via Christi Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 2 / 2 0 0 9

Transaction ID: 17511312

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jay M. Baumgartner

Mailing Address 111 Woodlawn Dr.

City

Warsaw

State

IN

Zip Code

46580-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Otis R. Bowen Center for  
Human Service

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511575

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James D. Bickel

Mailing Address 4370 Washington Street

City

Columbus

State

IN

Zip Code

47203-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Regional Hospital

Occupation

Director Materials Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511577

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr James Callaghan III, M.D.

Mailing Address 2910 Mt. Claire Way

City

Long Beach

State

IN

Zip Code

46360-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Anthony Memorial -  
Michigan City

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511585

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Tom J Gryzbek

Mailing Address 1335 Capri Lane

City

Dyer

State

IN

Zip Code

46311-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Margaret Mercy Heal-  
thcare Center

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511616

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ray V Ingham, Ph.D.

Mailing Address 217 East Drive

City

Lebanon

State

IN

Zip Code

46052-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Witham Health Services

Occupation  
Hospital President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511630

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Paul Janssen

Mailing Address 601 Hoosier Dr.

City

New Castle

State

IN

Zip Code

47362-2940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry County Hospital

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511633

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Kevin D Leahy

Mailing Address 51015 Shamrock Hills Court

City

Granger

State

IN

Zip Code

46530-7830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sisters of St. Francis Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511646

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Greg W Lintjer

Mailing Address 53308 Monticola Ln.

City

Bristol

State

IN

Zip Code

46507-9692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elkhart General Healthcare System

Occupation

Hospital President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511649

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald L Mead

Mailing Address 4277 Sedge Ct.

City

Zionsville

State

IN

Zip Code

46077-8526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Vincent Health

Occupation

Hospital Chief Mission Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511658

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Ruskowski

Mailing Address 6603 Robin Hood Drive

City

Indianapolis

State

IN

Zip Code

46227-7312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSFHS - St. Anthony Medic-  
al Center of

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511692

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Lawrence R. Ulrich

Mailing Address 4655 Running Brook Terr

City

Greenwood

State

IN

Zip Code

46143-9255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Four County Counseling Ce-  
nter

Occupation

Executive Director and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511713

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Bernadine Marcuccilli Wallace

Mailing Address 1003 Overlook Road

City

Marion

State

IN

Zip Code

46952-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marion General Hospital

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511716

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms Marlene Weatherwax

Mailing Address 6906 S. Five Points Road

City

Indianapolis

State

IN

Zip Code

46259-9754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Regional Hospital

Occupation

Vice President and Chief Financial Off

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511717

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Terrance E Wilson

Mailing Address 5380 Gardenia Court

City

West Lafayette

State

IN

Zip Code

47906-9070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Elizabeth Regional Health

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 17511721

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Carmela S. Coyle

Mailing Address 6820 Deerpath Road

City

Elkridge

State

MD

Zip Code

21075-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maryland Hospital Associa-  
tion

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 4 / 2 0 0 9

Transaction ID: 17512466

Amount of Each Receipt this Period

510.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William H Considine

Mailing Address One Perkins Square

City

Akron

State

OH

Zip Code

44308-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Children's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513501

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brent A Marsteller

Mailing Address 2010 Military Road

City

Huntington

State

WV

Zip Code

25701-5339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cabell Huntington Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513505

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Douglas E Bentz

Mailing Address 100 Seneca Valley

City

Sissonville

State

WV

Zip Code

25320-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roane General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513526

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stephen P Dexter

Mailing Address 7 Stony Point Road

City

Charleston

State

WV

Zip Code

25314-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513532

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John C Forester

Mailing Address 1160 Van Voorhis Road

City

Morgantown

State

WV

Zip Code

26505-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEALTHSOUTH MountainView  
Regional Reha

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513534

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael B. Robbins

Mailing Address 31 Carriage Road

City

Charleston

State

WV

Zip Code

25314-2165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Virginia Hospital As-  
sociation

Occupation

V.P. - Financial Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513535

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John A. May

Mailing Address 7 Sun Bonnet Lane

City

Morgantown

State

WV

Zip Code

26508-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wetzel County Hospital

Occupation

Interim CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513536

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr David Abelson

Mailing Address 6500 Excelsior Boulevard

City

Saint Louis Park

State

MN

Zip Code

55426-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Health Serv-  
ices

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513541

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sara J Criger

Mailing Address 69 West Exchange Street

City

Saint Paul

State

MN

Zip Code

55102-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513551

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. John Diehl

Mailing Address 183 University Avenue East

City

Saint Paul

State

MN

Zip Code

55101-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gillette Children's Special  
Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513554

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Doherty

Mailing Address 2450 Riverside Avenue

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairview Health Services

Occupation

Senior Operating Executive, Outstate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513555

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Geoff Glueckstein

Mailing Address 5500 Wayzata Blvd. Ste 300

City

Golden Valley

State

MN

Zip Code

55416-3582

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
knutson Construction Serv-  
ices Inc.

Occupation

Director of Project Managment

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513569

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James F Hanko

Mailing Address 1300 Anne St. NW

City

Bemidji

State

MN

Zip Code

56601-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Regional Ho-  
spital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513571

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael D Hedrix

Mailing Address 109 Court Avenue South

City

Sandstone

State

MN

Zip Code

55072-5120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Essentia Community Hospit-  
als and Clini

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513576

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

825.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary Maertens

Mailing Address 300 South Bruce Street

City

Marshall

State

MN

Zip Code

56258-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera Marshall Regional  
Medical Center

Occupation

Director, Community Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513591

Amount of Each Receipt this Period

175.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence J Massa

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513592

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Erik Nelson

Mailing Address 18242 Dove Court

City

Eden Prairie

State

MN

Zip Code

55347-1179

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Validus Consulting

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513624

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Tim Rice

Mailing Address 49725 County 83

City

Staples

State

MN

Zip Code

56479-5280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakewood Health SystemOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513632

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Mark A Skubic

Mailing Address 6500 Excelsior Boulevard

City

Minneapolis

State

MN

Zip Code

55426-4702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Health ServicesOccupation  
Vice President Government Relations and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513634

Amount of Each Receipt this Period

310.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Tanis Thometz

Mailing Address 12600 Whitewater Drive  
Ste. 150

City

Minnetonka

State

MN

Zip Code

55343-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HumanaOccupation  
Provider Realitions Consultatnt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: 17513646

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional) .....

1310.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Randy Ulseth

Mailing Address 301 South Highway 65

City

Mora

State

MN

Zip Code

55051-1899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kanabec Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 0 9

Transaction ID: 17513647

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Karl B Gills

Mailing Address 1024 Central Park Drive

City

Steamboat Springs

State

CO

Zip Code

80487-8813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yampa Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: 17513823

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Rulon F Stacey

Mailing Address 1809 East Harmony Road

City

Fort Collins

State

CO

Zip Code

80528-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Poudre Valley Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: 17513824

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Russ Branzell

Mailing Address 1024 South Lemay Avenue

City

Fort Collins

State

CO

Zip Code

80524-3998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Poudre Valley Health System

Occupation

Vice President Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: 17513827

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Mitchell C Carson

Mailing Address P O Box 1659

City

Longmont

State

CO

Zip Code

80502-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Longmont United Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: 17513830

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Stephanie Doughty

Mailing Address 1024 South Lemay Avenue

City

Fort Collins

State

CO

Zip Code

80524-3998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Poudre Valley Health System

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: 17513849

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth W Leisher

Mailing Address P O Box 429

City

Salida

State

CO

Zip Code

81201-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heart of the Rockies Regional Medical

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: 17513857

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert W Ladenburger

Mailing Address P O Box 1628

City

Grand Junction

State

CO

Zip Code

81502-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Hospital and Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 9 / 2 0 0 9

Transaction ID: 17513870

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr John A DiAngelo

Mailing Address 105 Pancoast Place

City

Mullica Hill

State

NJ

Zip Code

08062-4735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Jersey Healthcare

Occupation

Senior Vice President Finance and Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: 17517212

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: 17517219

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: 17517220

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Chester B Kalkowski

Mailing Address 23 Winding Way

City

Mullica Hill

State

NJ

Zip Code

08062-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Jersey Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: 17517223

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard Petersen

Mailing Address 120 Fickett Street

City

South Portland

State

ME

Zip Code

04106-6874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 9

Transaction ID: 17517243

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Steiger

Mailing Address 2543 Mt. Baker Highway

City

Bellingham

State

WA

Zip Code

98226-9566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 9

Transaction ID: 17523927

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen R. Griffin

Mailing Address 600 Wood Pond Road

City

Cheshire

State

CT

Zip Code

06410-4341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Mary's Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 9

Transaction ID: 17523928

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Wallace J Davies

Mailing Address 800 North Fant Street

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AnMed Health

Occupation

Medical Director/Emergency Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528472

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Edmond R. Jordan

Mailing Address 201 Graylyn Drive

City

Anderson

State

SC

Zip Code

29621-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AnMed Health Medical Cent-  
er

Occupation

Director of Urgent Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528473

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Bill T Manson

Mailing Address 800 N. Fant St.

City

Anderson

State

SC

Zip Code

29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AnMed Health Medical Cent-  
er

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528474

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Jerry A Parrish

Mailing Address 107 Nottingham Court

City

Anderson

State

SC

Zip Code

29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AnMed Health Medical Cent-  
er

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528475

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Charles C. Thornton, Jr., CPA

Mailing Address 705 Westchester Drive

City

Anderson

State

SC

Zip Code

29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AnMed Health Medical Cent-  
er

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528476

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jerry R. Youkey, MD

Mailing Address 701 Grove Road

City

Greenville

State

SC

Zip Code

29605-5611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Hospital System

Occupation

VP, Medical/Academic Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528520

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Richard E D'Alberto, , FACHE

Mailing Address P O Box 976

City

Clinton

State

SC

Zip Code

29325-0976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laurens County Healthcare  
System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528521

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jeanne L Ward

Mailing Address 298 Memorial Drive

City

Seneca

State

SC

Zip Code

29672-9499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oconee Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528522

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Douglas Bowling

Mailing Address 2509 Watercrest Lane

City

Johns Island

State

SC

Zip Code

29455-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Vice President of System Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528523

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Ellen Jackson Brown

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

VP, Managed Care &amp; Physician Services

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528524

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Allen P Carroll

Mailing Address 2095 Henry Tecklenburg Drive

City

Charleston

State

SC

Zip Code

29414-5733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528592

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. David L. Dunlap, FACHE

Mailing Address 125 Doughty Street  
Suite 760

City

Charleston

State

SC

Zip Code

29403-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper St. Francis Healthc-  
are

Occupation

President and Chief Executive Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528593

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

George T. Edwards

Mailing Address 787 Shell Island Circle

City

Charleston

State

SC

Zip Code

29412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Director of Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528594

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rev Terence K Fleming

Mailing Address PO Box 357

City

Folly Beach

State

SC

Zip Code

29439-0357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

VP for Mission

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528595

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Anita M Butler

Mailing Address 389 Serpentine Drive

City

Spartanburg

State

SC

Zip Code

29303-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528596

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Church

Mailing Address 906 Old Wagon Road

City

Inman

State

SC

Zip Code

29349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

Dir., Business Ops & Marketing Home Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528599

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Duggar

Mailing Address 487 N. Sweetwater Hills Dr.

City

Moore

State

SC

Zip Code

29369-8605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

VP, Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528600

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Flandry

Mailing Address 487 N. Sweetwater Hills Dr.

City

Moore

State

SC

Zip Code

29369-8605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

VP/CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528601

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Judy Hamer

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528602

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Sara B. Hammond

Mailing Address 221 Huddersfield Drive

City

Simpsonville

State

SC

Zip Code

29681-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Director, Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528603

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Jane Jennings

Mailing Address 210 Springlake Road

City

Gaffney

State

SC

Zip Code

29340-5662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Director, Medical Staff Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528609

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Randall G Nyp

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528610

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brent Rody, MD

Mailing Address 2447 Plumthicket Ct.

City

Andover

State

KS

Zip Code

67002-8827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Via Christi Regional Medi-  
cal Center

Occupation

VP, Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528611

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Renee Romberger

Mailing Address 5 Kinglet Court

City

Simpsonville

State

SC

Zip Code

29681-7221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528612

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Raymond A. Shingler

Mailing Address 429 Carleton Circle

City

Spartanburg

State

SC

Zip Code

29301-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

Sr. Vice President Information Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528613

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Lori T. Winkles

Mailing Address 144 Hawk Creek Drive

City

Spartanburg

State

SC

Zip Code

29301-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

Director of Rehab Wound Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528615

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jay Cox

Mailing Address 129 North Washington Street

City

Sumter

State

SC

Zip Code

29150-4983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuomey Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528616

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregg Martin

Mailing Address 2252 Rolling Hill Lane

City

Sumter

State

SC

Zip Code

29150-1934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuomey Healthcare System

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528617

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Parks

Mailing Address 107 Brandermill Road

City

Spartanburg

State

SC

Zip Code

29301-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Healthcare System

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528618

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Doug Harrison

Mailing Address 1574 Fiddlers Marsh Drive

City

Mt Pleasant

State

SC

Zip Code

29464-4286

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528621

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 36 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Irvin

Mailing Address 159 Harbour Watch Way

City

Mount Pleasant

State

SC

Zip Code

29464-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

VP of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528623

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Bret Johnson

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528624

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Matthew J Severance

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528625

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr Steven D Shapiro, M.D.

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Vice President for Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528668

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

John Sullivan

Mailing Address 1722 Bellamy Circle

City

Charleston

State

SC

Zip Code

29401-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

CEO, Mt. Pleasant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528669

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Taylor

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Roper Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528670

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Foster, MD

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528673

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Johannah Gage

Mailing Address 1000 Cetner Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

Director of WebBased Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528675

Amount of Each Receipt this Period

325.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. J. Thornton Kirby

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528678

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Patti Smoake

Mailing Address 1000 Center Point Road

City

Columbia

State

SC

Zip Code

29210-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

VP, Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: 17528682

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Allan Stalvey

Mailing Address 900 Gregg Street

City

Columbia

State

SC

Zip Code

29201-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Carolina Hospital  
Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: 17528683

Amount of Each Receipt this Period

650.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Ingo Angermeier, , FACHE

Mailing Address 101 East Wood Street

City

Spartanburg

State

SC

Zip Code

29303-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Medi-  
cal Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Transaction ID: 17528684

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Aycock

Mailing Address PO Box 1797

City

Spartanburg

State

SC

Zip Code

29304-1797

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation  
Sr. VP/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528685

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James Bearden

Mailing Address 1127 Woodburn Road

City

Spartanburg

State

SC

Zip Code

29302-3435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation  
VP, Clinical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528686

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Sheila Breitweiser

Mailing Address 695 Fairwinds Road

City

Landrum

State

SC

Zip Code

29356-9077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Heal-  
thcare System

Occupation  
VP/Exec Director Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17528688

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. D'Angel

Mailing Address 106 Birches Lane

City

Bryn Mawr

State

PA

Zip Code

19010-2229

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
South Jersey Healthcare

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	9	

Transaction ID: 17529143

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Sean J. Hopkins

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	9	

Transaction ID: 17529152

Amount of Each Receipt this Period

25.42

**C.**

Full Name (Last, First, Middle Initial)

Mr. Fredrick J. Jacobs

Mailing Address 23 E. Delaware Avenue

City

Pennington

State

NJ

Zip Code

08534-2302

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New Jersey Hospital Assoc-  
iation

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	9	

Transaction ID: 17529153

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

280.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Marc H Lory

Mailing Address 20 Farmingham Road

City

Ocean

State

NJ

Zip Code

07712-7920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meridian Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17529159

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Melinda Estes, M.D.

Mailing Address 111 Colchester Avenue

City

Burlington

State

VT

Zip Code

05401-1473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fletcher Allen Health Care

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 17529219

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Melvyn Patashnick

Mailing Address 528 Washington Highway

City

Morrisville

State

VT

Zip Code

05661-8973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Copley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 17529220

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Marie Beatrice Grause, RN, JD

Mailing Address 1580 North Street

City

Montpelier

State

VT

Zip Code

05602-2997

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vermont Association of Ho-  
spitals & Hea

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 17529221

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas W Huebner

Mailing Address 160 Allen Street

City

Rutland

State

VT

Zip Code

05701-4560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutland Regional Medical  
Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 17529222

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Mary Ann Clemens

Mailing Address 1125 Oak Avenue

City

Evanston

State

IL

Zip Code

60202-4240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation  
Vice President, Medical Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529227

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 44 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Meghan K. Clune

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529228

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James Dan

Mailing Address 511 Forest Mews

City

Oak Brook

State

IL

Zip Code

60523-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529229

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce M Elegant

Mailing Address 520 South Maple Avenue

City

Oak Park

State

IL

Zip Code

60304-1097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rush Oak Park Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529230

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 45 / 126

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Gorski, M.D.

Mailing Address 1400 Charles Street

City

Rockford

State

IL

Zip Code

61104-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SwedishAmerican Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529232

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. James P. Hill

Mailing Address 7435 West Talcott Avenue

City

Chicago

State

IL

Zip Code

60631-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurrection Medical Cent-  
er

Occupation

Senior Vice President Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529233

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard S Kowalski

Mailing Address 3333 North Seminary Street

City

Galesburg

State

IL

Zip Code

61401-1299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF St. Mary Medical Cent-  
er

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529234

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Karen A Lambert

Mailing Address 450 West Highway 22

City

Barrington

State

IL

Zip Code

60010-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Good Shepherd Ho-  
spital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529235

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Curt Lipe

Mailing Address 3333 North Seminary Street

City

Galesburg

State

IL

Zip Code

61401-1299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF St. Mary Medical Cent-  
er

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529236

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Bruce Merrell, FACHE

Mailing Address 400 North Pleasant

City

Centralia

State

IL

Zip Code

62801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529237

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Rosenberger

Mailing Address 32 Rock River Court

City

Naperville

State

IL

Zip Code

60565-6347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centegra Hospital - Woods-  
tock

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529240

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Russo

Mailing Address 1706 Seminole Lane

City

Godfrey

State

IL

Zip Code

62035-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saint Anthony's Health Ce-  
nter

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529241

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lee Sacks

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation

Executive Vice President and Chief Med

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529242

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr William P Santulli

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Health Care

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17529243

Amount of Each Receipt this Period

800.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony Caprio

Mailing Address 6 Cottage Lane

City

Marlboro

State

NJ

Zip Code

07746-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CentraState Healthcare System

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17529438

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Barry G Beeman

Mailing Address 17 Belmont Avenue

City

Brattleboro

State

VT

Zip Code

05301-6613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brattleboro Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17529440

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel W. Griess

Mailing Address 744 West 16th Street

City

State

Zip Code

Alliance

NE

69301-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Box Butte General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17530074

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe Duerr

Mailing Address 501 14th Street

City

State

Zip Code

Perry

OK

73077-5099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Perry Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: 17532681

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Debbie Howe

Mailing Address Post Office Box 489

City

State

Zip Code

Okeene

OK

73763-0489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weatherford Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: 17532697

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David E. Morton, Dr. P.H.,

Mailing Address 2825 Natchez Trail

City

Edmond

State

OK

Zip Code

73012-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: 17532698

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brian K Woodliff

Mailing Address P O Box 1008

City

Tahlequah

State

OK

Zip Code

74465-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tahlequah City Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: 17532720

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Deborah C. Joelson

Mailing Address 800 Washington Street, #451

City

Boston

State

MA

Zip Code

02111-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Medical Center

Occupation

Sr VP/Market Development and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: 17533490

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. E Jerry E Jurena

Mailing Address 1622 E. Interstate Avenue  
Suite B

City Bismarck State ND Zip Code 58503-0561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Dakota Healthcare  
Association

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 9

Transaction ID: 17533492

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary C. Becker

Mailing Address 7800 South Eagle Road

City Columbia State MO Zip Code 65203-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation  
Senior VP, Commc. & Health Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.25

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17533496

Amount of Each Receipt this Period

43.75

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel R. Landon

Mailing Address 611 Belridge Drive  
P.O. Box 60

City Jefferson City State MO Zip Code 65109-0755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation  
Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17533502

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

456.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen C. Poff

Mailing Address 5119 Coventry Way

City

Jefferson City

State

MO

Zip Code

65101-8284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17533506

Amount of Each Receipt this Period

43.75

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry M. Sill, J.D.

Mailing Address 2906 Valley View Terrace

City

Jefferson City

State

MO

Zip Code

65109-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17533508

Amount of Each Receipt this Period

43.75

**C.**

Full Name (Last, First, Middle Initial)

Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City

Jefferson City

State

MO

Zip Code

65101-8275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Missouri Hospital Associa-  
tion

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 9

Transaction ID: 17533509

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

212.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Mark L Goldstein

Mailing Address 25 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anna Jaques Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: 17534276

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Delia O'Connor

Mailing Address 25 Highland Avenue

City

Newburyport

State

MA

Zip Code

01950-3867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anna Jaques Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: 17534277

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick L Muldoon, , CHE

Mailing Address 60 Hospital Road

City

Leominster

State

MA

Zip Code

01453-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance Hospitals

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: 17534278

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 54 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Elaine L. Bridge, R.N.

Mailing Address 279 Willow Gate Rise

City

Holliston

State

MA

Zip Code

01746-2441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newton-Wellesley Hospital

Occupation

Sr. VP, Patient Care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: 17534279

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr Harvey Kowaloff, M.D.

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jordan Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: 17534294

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter J Holden

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jordan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

Transaction ID: 17534295

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph R. Ruggles

Mailing Address 1780 Buck Creek Lane

City

Springfield

State

OH

Zip Code

45502-8800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Hospital Association

Occupation

Vice President, Member Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17539926

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Thomas G. Breitenbach

Mailing Address 250 Southview Road

City

Dayton

State

OH

Zip Code

45419-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Health Partners

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17539929

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Hood, MD.

Mailing Address 6845 Penridge Drive

City

Centerville

State

OH

Zip Code

45459-6604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miami Valley Hospital

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17539992

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 56 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Hanover

Mailing Address 3200 Burnet Avenue

City

Cincinnati

State

OH

Zip Code

45229-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance of Greater  
Cincinnati

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17540489

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lynn M Oswald, , FACHE

Mailing Address 630 Eaton Avenue

City

Hamilton

State

OH

Zip Code

45013-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Hamilton Hospital

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17540554

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia A Ruffin

Mailing Address 7007 Powers Boulevard

City

Parma

State

OH

Zip Code

44129-5437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parma Community General  
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17541989

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 57 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James R Pancoast

Mailing Address 2222 Philadelphia Drive

City

Dayton

State

OH

Zip Code

45406-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17543031

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Nina Wardrip

Mailing Address 2805 Chestnut Ridge Place

City

Louisville

State

KY

Zip Code

40245-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Hospital East

Occupation

Lab Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17545044

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Terry Peeples

Mailing Address P O Box 2400

City

Hopkinsville

State

KY

Zip Code

42241-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jennie Stuart Medical Cen-  
ter

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17545046

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James H Taylor, , FACHE

Mailing Address 530 South Jackson Street

City

Louisville

State

KY

Zip Code

40202-1675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Louisville  
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17545048

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer Armstrong Gay

Mailing Address 10702 Benning Way

City

Spotsylvania

State

VA

Zip Code

22551-4670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director Communication Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17547075

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William D Petasnick

Mailing Address 1848 Hidden Reserve Court

City

Mequon

State

WI

Zip Code

53092-5566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Froedtert Memorial Luther-  
an Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17547395

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street  
Suite 2300

City State Zip Code  
Minneapolis MN 55402-4200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Leonard, Street & Deinard,  
PA

Occupation  
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17547403

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David K Wessner

Mailing Address 6500 Excelsior Boulevard

City State Zip Code  
Saint Louis Park MN 55426-4702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Park Nicollet Health Serv-  
ices

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17547404

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Duane Francis

Mailing Address 1700 East 19th Street

City State Zip Code  
The Dalles OR 97058-3317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mid-Columbia Medical Cent-  
er

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549708

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Kent L. Brown

Mailing Address 3894 Cherry Lane

City

Medford

State

OR

Zip Code

97504-8332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rogue Valley Medical Cent-  
er

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549709

Amount of Each Receipt this Period

252.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Larry A Mullins, FACHE

Mailing Address P O Box 1068

City

Corvallis

State

OR

Zip Code

97339-1068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samaritan Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549710

Amount of Each Receipt this Period

473.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Robin Moody

Mailing Address 4000 Kruse Way Place  
Building 2, Suite 100

City

Lake Oswego

State

OR

Zip Code

97035-5545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Association of Hos-  
pitals & Heal

Occupation

Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549711

Amount of Each Receipt this Period

235.00

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David G Triebes

Mailing Address 1046 West Sixth Avenue

City

Albany

State

OR

Zip Code

97321-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Samaritan Albany General  
Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549712

Amount of Each Receipt this Period

361.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Norman F Gruber

Mailing Address 4768 Circuit Rider Lane

City

Salem

State

OR

Zip Code

97302-9798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salem Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549715

Amount of Each Receipt this Period

304.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alan R Yordy

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549716

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1415.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James A. Diegel

Mailing Address 2500 Northeast Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cascade Healthcare Commu-  
nity

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549717

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elaine Dunda

Mailing Address 3394 Hampton Way

City

Eugene

State

OR

Zip Code

97401-7085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Medical Cent-  
er

Occupation

Vice President Quality Improvement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549718

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. David T. Underiner

Mailing Address 2690 Surrey Lane

City

West Linn

State

OR

Zip Code

97068-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Milwaukie Hosp-  
ital

Occupation

Interim Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549719

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steve Gordon, MD

Mailing Address 1209 SE 60th Ave

City

Portland

State

OR

Zip Code

97215-2806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth

Occupation

VP/Chief Quality Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549721

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Dennis E Burke

Mailing Address 370 W Gettman Road

City

Hermiston

State

OR

Zip Code

97838-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Shepherd Healthcare  
System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549722

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Nancy Formella

Mailing Address One Medical Center Drive

City

Lebanon

State

NH

Zip Code

03756-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth-Hitchcock Medic-  
al Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549868

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gregory J Walker

Mailing Address 789 Central Avenue

City

Dover

State

NH

Zip Code

03820-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wentworth-Douglass Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: 17549873

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Claire L Bowen

Mailing Address 243 Elm Street

City

Claremont

State

NH

Zip Code

03743-2099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: 17549874

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gary L Brewer

Mailing Address P O Box 1970

City

Glenwood Springs

State

CO

Zip Code

81602-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley View Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Transaction ID: 17549882

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kevin L Unger, , FACHE

Mailing Address 1024 South Lemay Avenue

City

Fort Collins

State

CO

Zip Code

80524-3998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Poudre Valley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549929

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Mike Baxter

Mailing Address 400 West 16th Street

City

Pueblo

State

CO

Zip Code

81003-2781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parkview Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549930

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Gardner

Mailing Address 1000 West 8th Avenue

City

Yuma

State

CO

Zip Code

80759-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yuma District Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17549936

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr Al Klaasmeyer

Mailing Address 3255 Salt Creek Circle, Ste 100

City

Lincoln

State

NE

Zip Code

68504-4778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Hospital Associa-  
tion

Occupation

Vice President, Subsidiaries

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 9

Transaction ID: 17554239

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr Eugene C Wallace

Mailing Address 124 Beaumont Ave.

City

Newtonville

State

MA

Zip Code

02460-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Signature Healthcare Broc-  
kton Hospital

Occupation

Interm CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 17556757

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter L Gosline

Mailing Address 452 Old Street Road

City

Peterborough

State

NH

Zip Code

03458-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Monadnock Community Hospi-  
tal

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 17556906

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark J Neff, , CHE

Mailing Address 222 Medical Circle

City

Morehead

State

KY

Zip Code

40351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Claire Regional Medic-  
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 17556910

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Karen Kirby

Mailing Address 3750 Main Street  
#705

City

Philadelphia

State

PA

Zip Code

19127-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kirby Bates Associates

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17616538

Amount of Each Receipt this Period

350.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clark P. Christianson

Mailing Address 6762 Stoneridge Court

City

Mobile

State

AL

Zip Code

36695-3061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 6 / 2 0 0 9

Transaction ID: 17616577

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Karen Kirby

Mailing Address 3750 Main Street  
#705

City State Zip Code  
Philadelphia PA 19127-2100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kirby Bates Associates

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 5 / 2 0 0 9

Transaction ID: 17619262

Amount of Each Receipt this Period

0.00

## **[MEMO ITEM]**

Refund(s) on Schedule B  
Totaling \$350.00 This changes the YTD Total to \$0.-00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City State Zip Code  
Alexandria VA 22301-1216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Association-Washingt

Occupation  
Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1034595122913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Association-Washingt

Occupation  
Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1045726222913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

118.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sarah Berk

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1082532722913

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Jellen

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1113464222913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Davon Gray

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Legislative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1143013022913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

94.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David L. Allen

Mailing Address 325 Seventh Street, NW  
Suite 700City State Zip Code  
Washington DC 20004-2802FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1234662822913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 )

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1260472922913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Michelle M. Mathy

Mailing Address 506A Howell

City State Zip Code  
Alexandria VA 22301-1216FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Project Manager AHAPAC Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1300853722913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

84.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Mayfield

Mailing Address One North Franklin Street  
Suite 32139

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.68

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1302378922913

Amount of Each Receipt this Period

86.96

P/R Deduction (\$43.48 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Frances Margolin

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President, Operations HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1347702722913

Amount of Each Receipt this Period

20.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. James Wadzinski

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1347703422913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack A. Mackay

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1347703622913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Susan Gergely

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1347791022913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. John Slotman

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1384065322913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Stephanie H. Drake

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR1492459922913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Monica D Day

Mailing Address 10224 Prince Place #205

City

Largo

State

MD

Zip Code

20774-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR1516850622913

Amount of Each Receipt this Period

29.18

P/R Deduction (\$14.59 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Elisa Arespachaga

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Direcor, Constituency Sectio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR1555656222913

Amount of Each Receipt this Period

30.44

P/R Deduction (\$15.22 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

99.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Clinton S. Manning

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Asst. Director Advocacy & Member Commu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.52

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1555656522913

Amount of Each Receipt this Period

30.44

P/R Deduction (\$15.22 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Kathy Poole

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.63

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR1589439922913

Amount of Each Receipt this Period

31.82

P/R Deduction (\$15.91 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327629122913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

140.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debbie F. Weiner

Mailing Address 11004 Petersborough Drive

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327745922913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327771622913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327777222913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

134.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR327777822913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR327801722913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Chief Executive Officer, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR327812022913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

158.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Joan H. Lewis

Mailing Address 6034 North 22nd Street

City

Arlington

State

VA

Zip Code

22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327831722913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert J. Donovan

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327846222913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327851922913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327858022913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327877822913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. George F. Bergstrom

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327895722913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Judy Williams

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR327918922913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR328132822913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Barbara Lorschbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR328136922913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

184.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lauren A. Barnett

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR328174922913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR328223822913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR328224922913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

184.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City  
EagleState  
IDZip Code  
83616-5369FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-ChicagoOccupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR328241422913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City  
ArlingtonState  
VAZip Code  
22207-4446FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR328260922913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City  
ArnoldState  
MDZip Code  
21012-2126FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Associa-  
tion-WashingtOccupation  
Senior Vice President Strategic Commun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR328310422913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

196.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lori M. Schor

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR328341822913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City State Zip Code  
Yardley PA 19067-5736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR328511822913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City State Zip Code  
Arlington VA 22205-2726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR328512022913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. George Arges

Mailing Address One North Franklin St.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Director, Health Data Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.89

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR328641122913

Amount of Each Receipt this Period

45.46

P/R Deduction (\$22.73 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Anthony J. Burke

Mailing Address One North Franklin Ave.

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion

Occupation

President & CEO, AHA Solutions, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR328913322913

Amount of Each Receipt this Period

88.00

P/R Deduction (\$44.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca Chickey

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR329013422913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

173.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. John R. Combes, MD

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR329071322913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Robyn Cooke

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR329084422913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR329215722913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

196.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. John Evans

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR329342622913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Audrey L. Harris

Mailing Address 1136 W. Farwell Ave.

City

Chicago

State

IL

Zip Code

60626-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR329654222913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330343322913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

96.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330411622913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Maureen D. Mudron

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330465222913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul N. Muraca

Mailing Address 4960 138th Cricle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330475422913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

146.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City

Arlington

State

VA

Zip Code

22205-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330534322913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330547722913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330549222913

Amount of Each Receipt this Period

94.00

P/R Deduction (\$47.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

174.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Walter James Reiter

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR330776122913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Debi H. Tucker, Esq.

Mailing Address 1101 N. Kentucky Street

City State Zip Code  
Arlington VA 22205-3515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR331278822913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301-2402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR331304222913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jo Ann Webb

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR331379122913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Judy Weinsheimer

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR331386922913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Alex R. White, Sr.

Mailing Address PO Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation  
Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR331416022913

Amount of Each Receipt this Period

116.00

P/R Deduction (\$58.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

172.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Donald May

Mailing Address 521 Great Falls St.

City

Falls Church

State

VA

Zip Code

22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR331533222913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Summy

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.72

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR346168122913

Amount of Each Receipt this Period

39.84

P/R Deduction (\$19.92 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President Executive Branch Relati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR517619722913

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR518031922913

Amount of Each Receipt this Period

43.48

P/R Deduction (\$21.74 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Laura M. Werner

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR560101522913

Amount of Each Receipt this Period

30.44

P/R Deduction (\$15.22 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Mr. Carlos Jackson

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation  
Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR566280922913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

113.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 126

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR766023722913

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rochelle M. Archuleta

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR801366322913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Ms. Lisa Kidder Hrobsky

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Hospital Associa-  
tion-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: PR876637222913

Amount of Each Receipt this Period

42.00

P/R Deduction (\$21.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Association-WashingtOccupation  
Senior Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR936292322913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Hospital Association-ChicagoOccupation  
Executive Director Quality Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: PR939603922913

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

56.00

TOTAL This Period (last page this line number only) .....

71105.23

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 126

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2508.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: 17608169

Amount of Each Receipt this Period

223.08

Interest Earned

SUBTOTAL of Receipts This Page (optional) .....

223.08

TOTAL This Period (last page this line number only) .....

223.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 / 126

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee	<b>Transaction ID:</b> 17513459 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Harrisonville State MO Zip Code 64701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Ike Skelton	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 04	Contribution																				

  

<b>B.</b> Full Name (Last, First, Middle Initial) Harry Mitchell For Congress	<b>Transaction ID:</b> 17513462 <b>Date of Disbursement</b>																				
Mailing Address PO Box 23748	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Tempe State AZ Zip Code 85285	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Rep. Harry Mitchell	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 05	Contribution																				

  

<b>C.</b> Full Name (Last, First, Middle Initial) Matsui For Congress	<b>Transaction ID:</b> 17513465 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1738	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
City Sacramento State CA Zip Code 95812	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Doris Matsui	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 05	Contribution																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 126

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Turner	<b>Transaction ID:</b> 17513470 <b>Date of Disbursement</b>
Mailing Address 120 W. Second Street, Suite 1510	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div>
City Dayton State OH Zip Code 45402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Michael R. Turner	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Levin For Congress	<b>Transaction ID:</b> 17513471 <b>Date of Disbursement</b>
Mailing Address PO Box 37	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div>
City Roseville State MI Zip Code 48066	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name Rep. Sander M. Levin	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Charlie Dent For Congress	<b>Transaction ID:</b> 17513472 <b>Date of Disbursement</b>
Mailing Address PO Box 442	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 9</div> </div>
City Allentown State PA Zip Code 18105	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Charles W. Dent	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Friends Of John Barrow

Mailing Address PO Box 8166

City  
SavannahState  
GAZip Code  
31412Purpose of Disbursement  
ContributionCandidate Name  
Rep. John Barrow011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 17529244

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Minnick For Congress

Mailing Address P O Box 288

City  
MeridianState  
IDZip Code  
83642Purpose of Disbursement  
ContributionCandidate Name  
Rep. Walter Clifford Minnick011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 17529247

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1500.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City  
ElmhurstState  
NYZip Code  
11373Purpose of Disbursement  
ContributionCandidate Name  
Rep. Joseph Crowley011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 07

Transaction ID: 17529249

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Coble For Congress	<b>Transaction ID:</b> 17529251 <b>Date of Disbursement</b>
Mailing Address PO Box 1177	<div> <div>09</div> <div>16</div> <div>2009</div> </div>
City Greensboro State NC Zip Code 27402	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Mr. John Howard Coble	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Andre Carson For Congress	<b>Transaction ID:</b> 17529254 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1863	<div> <div>09</div> <div>16</div> <div>2009</div> </div>
City Indianapolis State IN Zip Code 46206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Andre Carson	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Courtney For Congress	<b>Transaction ID:</b> 17529256 <b>Date of Disbursement</b>
Mailing Address 38 Risley Road	<div> <div>09</div> <div>16</div> <div>2009</div> </div>
City Vernon State CT Zip Code 06066	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Joseph D. Courtney	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 / 126

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Bob Goodlatte For Congress Committee

Mailing Address P.O. Box 292

City Roanoke State VA Zip Code 24002

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Robert W. GoodlatteOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 06

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17529261

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	9

Amount of Each Disbursement this Period

5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Our Congress PAC

Mailing Address PO Box 344

City Prescott State AR Zip Code 71857

Purpose of Disbursement  
2009 ContributionCandidate Name  
Our Congress PACOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17532754

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	9

Amount of Each Disbursement this Period

1500.00

2009 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Committee for a Democratic FutureMailing Address 1625 K Street, NW  
Suite 790

City Washington State DC Zip Code 20006

Purpose of Disbursement  
2009 ContributionCandidate Name  
Committee for a Democratic FutureOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17532755

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	9

Amount of Each Disbursement this Period

2500.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Capuano For Congress Committee	<b>Transaction ID:</b> 17532758 <b>Date of Disbursement</b>																				
Mailing Address PO Box 440305	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	9		2	0	0	9												
City Somerville State MA Zip Code 02144	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Michael E. Capuano	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>B.</b> Full Name (Last, First, Middle Initial) Donna Christensen Campaign	<b>Transaction ID:</b> 17532762 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5197	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	9		2	0	0	9												
City St. Croix State VI Zip Code 00823	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Donna M. Christensen	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee	<b>Transaction ID:</b> 17532766 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	9		2	0	0	9												
City Harrisonville State MO Zip Code 64701	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Ike Skelton	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Contribution																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 126

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Perriello For Congress	<b>Transaction ID:</b> 17532768 <b>Date of Disbursement</b>
Mailing Address PO Box 306	<div> <div>09</div> <div>09</div> <div>2009</div> </div>
City Ivy State VA Zip Code 22945	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Thomas Stuart Price Perriello	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Glenn Nye	<b>Transaction ID:</b> 17532775 <b>Date of Disbursement</b>
Mailing Address PO Box 68444	<div> <div>09</div> <div>09</div> <div>2009</div> </div>
City Virginia Beach State VA Zip Code 23471	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Glenn C. Nye, III	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Glenn Nye	<b>Transaction ID:</b> 17532776 <b>Date of Disbursement</b>
Mailing Address PO Box 68444	<div> <div>09</div> <div>09</div> <div>2009</div> </div>
City Virginia Beach State VA Zip Code 23471	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Glenn C. Nye, III	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Christopher Scott Murphy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 17533987

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Lewis For CongressMailing Address PO Box 2323  
Suite 5300

City Atlanta State GA Zip Code 30301

Purpose of Disbursement  
ContributionCandidate Name  
Rep. John Lewis011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: 17533989

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Georgians For Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
ContributionCandidate Name  
Mr. John Isakson011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District:

Transaction ID: 17534007

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Georgians For Isakson Mailing Address Post Office Box 250116	<b>Transaction ID:</b> 17534008 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2009</div> </div>
City Atlanta State GA Zip Code 30325 Purpose of Disbursement Contribution Candidate Name Mr. John Isakson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District:	<b>Amount of Each Disbursement this Period</b> <div>4000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Lucille Roybal-Allard For Congress Mailing Address 5 E Street, Se City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Rep. Lucille Roybal-Allard Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 34	<b>Transaction ID:</b> 17534010 <b>Date of Disbursement</b> <div> <div>09</div> <div>10</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign Mailing Address PO Box 3662 City Seattle State WA Zip Code 98124 Purpose of Disbursement Void of 4/09 check Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District:	<b>Transaction ID:</b> 17534144 <b>Date of Disbursement</b> <div> <div>09</div> <div>22</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>-2500.00</div> <b>Void of 4/09 check</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 / 126

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2009 Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17555698

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Amount of Each Disbursement this Period

10000.00

2009 Contribution

**B.** Full Name (Last, First, Middle Initial)  
Stephanie Herseth Sandlin For South Dakota

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Stephanie Herseth Sandlin011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District: 01

Transaction ID: 17555699

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Forward Together PACMailing Address 201 N. Union Street  
Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2009 ContributionCandidate Name  
Forward Together PAC011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17555704

Date of Disbursement

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

12000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Committee To Elect Gary L. Ackerman, Inc.

Mailing Address 100 Jericho Quadrangle  
# 233

City Jericho State NY Zip Code 11753

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Gary L. AckermanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 05

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17555706

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11753

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Timothy BishopOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17555708

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
ContributionCandidate Name  
Rep. Joseph CrowleyOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 07

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17555709

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Crowley For Congress	<b>Transaction ID:</b> 17555710 <b>Date of Disbursement</b>
Mailing Address 84-56 Grand Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Elmhurst State NY Zip Code 11373	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name Rep. Joseph Crowley	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee	<b>Transaction ID:</b> 17555711 <b>Date of Disbursement</b>
Mailing Address PO Box 777	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Deer Park State NY Zip Code 11729	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Steve J. Israel	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Pete King For Congress Committee	<b>Transaction ID:</b> 17555712 <b>Date of Disbursement</b>
Mailing Address Post Office Box 1428	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div>
City Seaford State NY Zip Code 11783	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Peter T. King	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City  
Mineola

State  
NY

Zip Code  
11501

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Carolyn McCarthy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: 17555713

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Meeks For Congress

Mailing Address 153-01 Jamaica Avenue  
Suite 535

City  
Jamaica

State  
NY

Zip Code  
11432

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Gregory W. Meeks

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 06

Transaction ID: 17555714

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Rangel For Congress

Mailing Address PO Box 5577  
Manhattanville Sta

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Charles B. Rangel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 17555715

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City State Zip Code  
Gaithersburg MD 20878

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Nydia M. Velazquez

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 12

Transaction ID: 17555716

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Weiner

Mailing Address 1 Ascan Avenue #31  
Suite 31

City State Zip Code  
Forest Hills NY 11375

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Anthony D. Weiner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 09

Transaction ID: 17555717

Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

AMERIPAC: The Fund for a Greater America

Mailing Address 607 Fourteenth Street, NW  
Suite 800

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
2009 Contribution

Candidate Name  
AMERIPAC: The Fund for a Greater America

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17555718

Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

2500.00

2009 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

LINCPAC - Leadership in the New Century PAC

Mailing Address 818 Connecticut Ave.,NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

2009 Contribution

Candidate Name

LINCPAC - Leadership in the New Century PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17555721

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

5000.00

2009 Contribution

**B.**

Full Name (Last, First, Middle Initial)

Campaign For Our Country

Mailing Address 10 G Street, NE  
Suite 710

City Washington State DC Zip Code 20002

Purpose of Disbursement

2009 Contribution

Candidate Name

Campaign For Our Country

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17555724

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

2009 Contribution

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement

2014 Contribution

Candidate Name

Sen. Jeff Sessions

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District:

Transaction ID: 17555736

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Zack Space For Congress Committee	<b>Transaction ID:</b> 17555739 <b>Date of Disbursement</b>
Mailing Address 726 Sixteenth Street Ne	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 9</div> </div>
City Massillon State OH Zip Code 44646	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Zachary T. Space	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee	<b>Transaction ID:</b> 17555745 <b>Date of Disbursement</b>
Mailing Address 76 Magnolia Terrace	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 9</div> </div>
City Springfield State MA Zip Code 01108	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Richard E. Neal	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Boswell For Congress	<b>Transaction ID:</b> 17556179 <b>Date of Disbursement</b>
Mailing Address PO Box 6220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 9</div> </div>
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Leonard L. Boswell	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson	<b>Transaction ID:</b> 17556362 <b>Date of Disbursement</b>
Mailing Address P.O. Box 61	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 9</div> </div>
City State Zip Code St. Clairsville OH 43950	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Charles A. Wilson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.	<b>Transaction ID:</b> 17556367 <b>Date of Disbursement</b>
Mailing Address 319 Nancy'S Road 319 Nancy Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 9</div> </div>
City State Zip Code Quitman LA 71268	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Rodney Alexander	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Pallone For Congress	<b>Transaction ID:</b> 17556368 <b>Date of Disbursement</b>
Mailing Address PO Box 3176	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 9</div> </div>
City State Zip Code Long Branch NJ 07740	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>500.00</div>
Candidate Name Rep. Frank Pallone, Jr.	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Engel For Congress

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Eliot L. Engel

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: 17556374

Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Scott Murphy For Congress

Mailing Address 615 Glen Street

City State Zip Code  
Glens Falls NY 12801

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Scott M. Murphy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 17556378

Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Garamendi For Congress

Mailing Address 3605 Long Beach Blvd.  
Suite 426

City State Zip Code  
Long Beach CA 90807

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. John Garamendi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: CA District: 10

Runoff 2009

Transaction ID: 17556380

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) We the People PAC Mailing Address PO Box 2232	<b>Transaction ID:</b> 17556384 <b>Date of Disbursement</b> <div> <div>09</div> <div>23</div> <div>2009</div> </div>
City Jenkintown State PA Zip Code 19046 Purpose of Disbursement 2009 Contribution Candidate Name We the People PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2500.00</div> 2009 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Peak PAC Mailing Address PO Box 48004 City Denver State CO Zip Code 80204 Purpose of Disbursement 2009 Contribution Candidate Name Peak PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 17556385 <b>Date of Disbursement</b> <div> <div>09</div> <div>23</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> 2009 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign Mailing Address PO Box 3662 City Seattle State WA Zip Code 98124 Purpose of Disbursement Contribution Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District:	<b>Transaction ID:</b> 17556386 <b>Date of Disbursement</b> <div> <div>09</div> <div>23</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Bocchieri for Congress

Mailing Address PO Box 3016

City  
Alliance

State  
OH

Zip Code  
44601

Purpose of Disbursement  
Contribution

Candidate Name  
John Bocchieri

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: 17556388

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address P. O. Box 360877

City  
Melbourne

State  
FL

Zip Code  
32936

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Bill Posey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 17556389

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City  
Timonium

State  
MD

Zip Code  
21093

Purpose of Disbursement  
Contribution

Candidate Name  
C.A. Dutch Ruppersberger

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 02

Transaction ID: 17556390

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Larson For Congress

Mailing Address 29 Ruff Circle

City  
Glastonbury

State  
CT

Zip Code  
06033

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John B. Larson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 17556391

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Michael C. Burgess

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 17556392

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Steve Austria For Congress

Mailing Address 20 S Limestone St Suite 390

City  
Springfield

State  
OH

Zip Code  
45502

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steve Austria

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: 17556394

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Schumer	<b>Transaction ID:</b> 17556396 <b>Date of Disbursement</b>
Mailing Address 509 Madison Ave Suite 1902	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 3 / 2 0 0 9</div> </div>
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Sen. Charles E. Schumer	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Contribution</b>	
<b>B.</b> Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	<b>Transaction ID:</b> 17558085 <b>Date of Disbursement</b>
Mailing Address P.O. Box 2008	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 9</div> </div>
City Murfreesboro State TN Zip Code 37133	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Barton Gordon	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Contribution</b>	
<b>C.</b> Full Name (Last, First, Middle Initial) Joe Donnelly For Congress	<b>Transaction ID:</b> 17558093 <b>Date of Disbursement</b>
Mailing Address PO Box 1961	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 9</div> </div>
City South Bend State IN Zip Code 46634	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Joseph Donnelly	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Contribution</b>	

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Zack Space For Congress Committee	<b>Transaction ID:</b> 17558095 <b>Date of Disbursement</b>
Mailing Address 726 Sixteenth Street Ne	<div> <div>09</div> <div>25</div> <div>2009</div> </div>
City Massillon State OH Zip Code 44646	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Rep. Zachary T. Space	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Hal Rogers For Congress	<b>Transaction ID:</b> 17558098 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1214 East Mt Vernon St	<div> <div>09</div> <div>25</div> <div>2009</div> </div>
City Somerset State KY Zip Code 42502	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Rep. Harold Dallas Rogers	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	<b>Transaction ID:</b> 17558099 <b>Date of Disbursement</b>
Mailing Address P.O. Box 391	<div> <div>09</div> <div>25</div> <div>2009</div> </div>
City Hopkinsville State KY Zip Code 42241	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name Rep. Edward Whitfield	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

**5500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Kurt Schrader For Congress

Mailing Address 2236 Southeast 10th Avenue  
Suite 240

City Portland State OR Zip Code 97214

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Kurt Schrader

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: 17558100

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Pennsylvanians For Kanjorski

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Paul E. Kanjorski

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: 17558101

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends Of Dan Maffei

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Daniel B. Maffei

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 17558102

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Follow the North Star Fund

Mailing Address 316 E Hennepin Ave  
Suite 201

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement  
2009 ContributionCandidate Name  
Follow the North Star FundOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17583811

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

2500.00

2009 Contribution

**B.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2009 ContributionCandidate Name  
National Republican Congressional CommitteeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17583931

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

10000.00

2009 Contribution

**C.**

Full Name (Last, First, Middle Initial)

Bennet For Colorado

Mailing Address 2300 15th Street Suite 425

City Denver State CO Zip Code 80202

Purpose of Disbursement  
ContributionCandidate Name  
Sen. Michael F. BennetOffice Sought: ☐ House  
☒ Senate  
☐ President

State: CO District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17583982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	9

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

John Spratt For Congress Committee

Mailing Address Post Office Box 10986

City State Zip Code  
Rock Hill SC 29731

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John McKee Spratt, Jr.

Office Sought: ☒ House ☐ Senate ☐ President  
State: SC District: 05  
Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17584046

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Article 1 PAC

Mailing Address 1341 G Street. NW  
Suite 740

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
2009 Contribution

Candidate Name  
Article 1 PAC

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17584047

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

2009 Contribution

C.

Full Name (Last, First, Middle Initial)

Wicker For Senate

Mailing Address PO Box 64

City State Zip Code  
Jackson MS 39205

Purpose of Disbursement  
2012 Contribution

Candidate Name  
Mr. Roger Wicker

Office Sought: ☐ House ☒ Senate ☐ President  
State: MS District:  
Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17584048

Date of Disbursement

09 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Kline For Congress <hr/> Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104 <hr/> City Burnsville State MN Zip Code 55337 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type <hr/> Candidate Name Rep. John P. Kline <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 02	<b>Transaction ID:</b> 17584049 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> <hr/> <b>Contribution</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		2	9		2	0	0	9																							
1000.00																																
<b>B.</b>	Full Name (Last, First, Middle Initial) Perlmuter For Congress <hr/> Mailing Address 3440 Youngfield Street #264 <hr/> City Wheat Ridge State CO Zip Code 80033 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type <hr/> Candidate Name Rep. Edwin Perlmuter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 07	<b>Transaction ID:</b> 17584050 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> <hr/> <b>Contribution</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		2	9		2	0	0	9																							
1000.00																																
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type <hr/> Candidate Name Rep. Daniel B. Maffei <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25	<b>Transaction ID:</b> 17584051 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>3</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> <hr/> <b>Contribution</b>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		3	0		2	0	0	9																							
1000.00																																

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza Mailing Address PO Box 2749	<b>Transaction ID:</b> 17584068 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2009</div> </div>
City Merced State CA Zip Code 95340 Purpose of Disbursement Contribution Candidate Name Rep. Dennis A. Cardoza Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 18	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Latham For Congress Mailing Address P.O. Box 71 PO Box 71 City Clarion State IA Zip Code 50525 Purpose of Disbursement Contribution Candidate Name Rep. Tom Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 05	<b>Transaction ID:</b> 17584338 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>Contribution</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Schiff For Congress Mailing Address 777 S. Figueroa St. Suite 4050 City Los Angeles State CA Zip Code 90017 Purpose of Disbursement Contribution Candidate Name Rep. Adam B. Schiff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 29	<b>Transaction ID:</b> 17584432 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <b>Contribution</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 126

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Heath Shuler For Congress

Mailing Address PO Box 8446

City  
Asheville

State  
NC

Zip Code  
28814

Purpose of Disbursement  
Void of 1/09 check

Candidate Name  
Rep. Heath Shuler

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: 17592875

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

-2500.00

Void of 1/09 check

SUBTOTAL of Disbursements This Page (optional) .....

-2500.00

TOTAL This Period (last page this line number only) .....

138000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 126

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001	<b>Transaction ID:</b> 17608163 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 9</div> </div>
City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>4.95</div> <b>Merchant Fees</b>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address Ste. 001 City Chicago State IL Zip Code 60679 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 17608165 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>43.88</div> <b>Merchant Fees</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Bankcard Mailing Address 1601 Elm Street City Dallas State TX Zip Code 75201 Purpose of Disbursement Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 17608166 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 9</div> </div> <b>Amount of Each Disbursement this Period</b> <div>81.40</div> <b>Merchant Fees</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

130.23

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 126

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement

Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17608168

Date of Disbursement

09 / 04 / 2009

Amount of Each Disbursement this Period

14.72

Merchant Fees

**B.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17608170

Date of Disbursement

09 / 18 / 2009

Amount of Each Disbursement this Period

51.16

Bank Fee

**SUBTOTAL** of Disbursements This Page (optional) .....

65.88

**TOTAL** This Period (last page this line number only) .....

196.11

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 126

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Karen Kirby

Mailing Address 3750 Main Street  
#705

City Philadelphia State PA Zip Code 19127-2100

Purpose of Disbursement  
Refund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 17616585

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

Category/  
Type

Refund

SUBTOTAL of Disbursements This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

350.00